

**EPA-  
INS.-  
BOND-  
OPERATOR-**

**ARKANSAS STATE PLANT BOARD  
P.O. Box 1069, Little Rock, Arkansas 72203-1069**

**APPLICATION FORM**

**COMMERCIAL PEST CONTROL OPERATOR'S LICENSE  
AND COMMERCIAL APPLICATOR CERTIFICATES**

**NOTE: The Pest Control License fee is \$150.00 for the first classification and \$100.00 for each additional classification up to a maximum of \$300.00. Check only the ones you are qualified for.**

**Type L**

- |   |  |
|---|--|
| 1. <input type="checkbox"/> Termite and Other Structural Pest Control | 5. <input type="checkbox"/> Weed Control                         |
| 2. <input type="checkbox"/> Household Pest & Rodent Control           | 6. <input type="checkbox"/> Golf Course Pest Control             |
| 3. <input type="checkbox"/> General Fumigation                        | <b><u>Type C</u></b>   |
| 4. <input type="checkbox"/> Ornamental, Tree & Turf Pest Control      | 7. <input type="checkbox"/> Food Mfg., Processing & Storage P.C. |
|   | 8. <input type="checkbox"/> Food Related Fumigation              |

**I am enclosing my remittance to cover # \_\_\_\_\_ License (s)/Certificate (s) = \$ \_\_\_\_\_**

**NON-COMMERCIAL APPLICATOR'S CERTIFICATE**

**NOTE: This certificate fee is \$70.00 for qualifying Federal, State, County or Local Government employees and/or Golf Course Employees.**

**Type N**

- 9-A. ☐ Ornamental Tree and Turf Pest Control  
9-B. ☐ Ornamental Weed Control  
10. ☐ Golf Course Pest Control

**Please Print or Type-**

**Name of Company:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_

**Company Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Company Physical Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Office Phone:** \_\_\_\_\_ **Fax#** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_